

Wisconsin Department of Regulation & Licensing

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CHIROPRACTIC EXAMINING BOARD

VERIFICATION OF LICENSURE

Information requested is required for processing.

APPLICANT: Complete the top section of this form and forward it to the state in which you are/were registered/licensed to complete the bottom portion.

NAME: _____
(last) (first) (middle)

ADDRESS: _____
(street) (city) (state) (zip)

ORIGINAL LICENSE NUMBER: _____ DATE ISSUED: _____

I hereby authorize the _____ Chiropractic Examining Board
(state to which sending form)

to furnish the WISCONSIN CHIROPRACTIC EXAMINING BOARD the information requested below.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

1. This is to certify that the above-named was issued license number _____
to practice chiropractic on: _____
(date of issuance)

2. Licensed by: a. Examination _____ b. Endorsement _____
c. Reciprocity _____ d. Waiver _____

3. If licensed by examination, did portions of the examination include:

| | | | |
|----------------------|-------|-------|-------|
| Physical Diagnosis | _____ | Score | _____ |
| Adjusting Techniques | _____ | Score | _____ |
| X-Ray | _____ | Score | _____ |

4. Current licensure status: a. Active _____ Expiration date _____
b. Not current _____

5. Has this license ever been encumbered in any way? (revoked, suspended, surrendered, restricted, limited, placed on probation) YES _____
NO _____

6. If yes, explain on an attached sheet.

Signed: _____

SEAL

Title: _____

State: _____ Date: _____